

**WIC Futures Study Group**  
Report on Meeting held October 28 and 29, 2008  
GranTree Inn, Bozeman, MT

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## Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group was convened to evaluate and revise the WIC service delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

This meeting of the group was held on Tuesday, October 28, 2008 and Wednesday, October 29, 2008. The following is a report of the meeting activities.

Participants included:

Joan Bowsher	DPHHS/WIC	Dorota Carpenedo	FCHB, MCH
Mary Beth Frideres	MPCA		Epidemiologist
Kim Mondy	DPHHS/WIC	Linda Stallings	DPHHS/WIC
JoAnn Dotson	DPHHS/FCHB Chief	Mark Walker	DPHHS/WIC
Jane Smilie	DPHHS/PHSD Adm.	Tom Mexican Cheyenne	Northern Cheyenne Tribal Health
Ellen Leahy	Missoula CCHD		
Lora Wier	Teton County HD	Bill Hodges	Big Horn County HD
Linda Best	Deer Lodge/Beaverhead County WIC	Riki Ross	Hill County HD
		Kathleen Jensen	Sheridan County HD
Dianna Frick	FCHB, MCH Epidemiologist	Dorothy Bradshaw	Lewis & Clark CCHD (1 <sup>st</sup> day)
Gayle Espeseth	RiverStone Health		
Elsa Peterson	RiverStone Health	Paula Block	Montana Primary Care (1 <sup>st</sup> day)

The meeting was facilitated by Mary Beth Frideres of the Montana Primary Care Association. The desired outcomes for the two day session were as follows:

By the end of this session, participants will have –

- Received updates and reports from key sectors;
- Defined the Core Responsibilities of WIC Services;
- Gained knowledge about Quality and its application to WIC services;
- Defined Quality as it relates to WIC services;
- Defined expectations in WIC monitoring visits;
- Decided data to be measured;
- Decided how to evaluate customer satisfaction;
- Decided how to manage noncompliance; and
- Determined agenda items for the next meeting.

## Opening Comments

Opening comments were made by Joan Bowsher, DPHHS WIC Director. Introductions were then made and the group reviewed the agenda.

### **Update from RiverStone Health**

Gayle Espeseth and Elsa Peterson gave a presentation to the group which outlined RiverStone Health financial investment and changes they have made to the RiverStone WIC program after the clinic assessment performed by the MAXIMUS group. Changes in the clinic setting, staffing, and systems have resulted in increased capacity and ability to serve more WIC clients. A copy of the presentation can be found on the WIC Futures Study Group website: <http://www.dphhs.mt.gov/PHSD/family-health/nutrition-wic/WIC-futures-study-group.shtml>.

### **Update from Joan and Review of the Core Responsibilities of WIC**

Joan Bowsher gave an update on OA funds. She said the regional office is starting to take OA requests and the state will accept requests until November 7<sup>th</sup>. The State WIC program must submit the requests to the regional office by November 14<sup>th</sup>. MAWA has requested that they be allowed to prioritize the local requests. The study group members supported this idea. The federal priorities are implementation of the new food package and information technology. State requests to date include: caseload maintenance, travel, equipment replacement, scholarships, training for local retailers, revising the State Plan, WIC Future Study Group support, Food Package Task Force support, training for breastfeeding and other topics, etc. Joan invited the Study Group members to participate in a conference call regarding the OA funds on November 12<sup>th</sup> at 8:15 a.m. The list of requests will be sent out on the 10<sup>th</sup>, before the call. Joan received compliments from group members about the conference calls.

Joan then handed out the Core Responsibilities Matrix for WIC Services which identifies the responsibilities for the State WIC Program, Lead Agencies, and Satellite WIC Clinics (copy posted this meeting <http://www.dphhs.mt.gov/PHSD/family-health/nutrition-wic/WIC-futures-study-group.shtml>) and asked the group if they had any suggested changes. Ellen Leahy expressed her view that the matrix reflects how things are done now, but it needs to include a description of how we will make RD services more accessible across the state and more detail about what will actually happen at the regional level. Joan said that, as reported last meeting, a meeting regarding RD services will take place this winter that will look at many aspects of those services. RD services are only one piece of regionalization, she said, and we need to further define how regionalization will look in the future. With so many projects to implement within the next year, however, it will be very difficult to completely revamp the system. Mark Walker noted that the implementation of the new computer software system may change how the group views regionalization. It was decided that a meeting to define the statewide structure will be held after the implementation of the new computer system and the new food package. At that time, the group will revisit the Core Responsibilities Matrix and decide how WIC should be structured. A review of the quality indicators will also take place at that time.

### **Cost Allocation for Computers**

Jane Smilie handed out a graph (copy posted this meeting <http://www.dphhs.mt.gov/PHSD/family-health/nutrition-wic/WIC-futures-study-group.shtml>) that showed the cost to the WIC Program of supporting 123 computers. A reduction of 30 non-essential computers is underway. Programs that will lose computers have been notified. This reduction in the number of computers will result in a cost savings of \$56,849 to the program due to adjustments to the state cost allocation plan. The group was supportive of this action.

Joan said that other costs should be reviewed. For example, a monthly fee must be paid for each “CS number” for each computer. If a computer is only used one day per month, the cost of the fee should be considered. Very part-time staff and part-time clinics are more costly. What is the impact of training one person who is utilized one time per year vs. training three people who can cover for each other when they are sick or on vacation? It was proposed that a cost/visit and a cost/client in each region be developed for review. This data might lead to changes in staffing patterns that could reduce costs.

## Report of Meeting with the Feds about Time Studies

Joan reported on her meeting with the feds about time studies. The result was that there will be no changes in the time study reporting at this time. The feds say that they use the information a great deal. For example, they use it to go to Congress to fight for funding for the WIC program. The information supports how the WIC funds are spent and how successful the program is in meeting program objectives. Montana's system is based on the minimum amount of required reporting. Point-of-time studies (onsite observers recording data) could be done but this is not cost effective in such a large state. Joan said she will request a report for Montana based on data that is sent in. She also said she will request information from other states to make sure that the Montana system is the best around.

## Introduction to Quality

Paula Block, RN, Clinical Coordinator from Montana Primary Care Association gave a PowerPoint presentation entitled, "Introduction to Quality – or – How to Be Better than Good Enough" (copy posted this meeting <http://www.dphhs.mt.gov/PHSD/family-health/nutrition-wic/WIC-futures-study-group.shtml>). A history of quality improvements was given along with a review of principles of quality. Individual and team efforts were suggested and process improvement was outlined. Tools to assist in quality improvement were also offered. Paula suggested that the group define quality for WIC, clarify expectations of the monitoring visit, identify WIC data to measure over time, and develop systems for collecting the "voice of the customer" to inform us about how the customer defines and rates the quality of service delivery.

## Defining Quality for WIC

On day two, the group began to consider elements of a quality improvement system for WIC. To start off, Joan suggested that the plan should address the five components of the WIC program: education, food package, referrals, federal and state regulations, and customer service. The group brainstormed what words or phrases should be included in a definition of quality for the WIC program. They then sorted and grouped their responses. This is the result of their work:

Process – structure, fiscal responsibility, connection to resources and people, evidence-based, timely appointments, efficient, accessible, increased participation, nutritional foods, following federal and state regulations, accurate records, complete records, maximize efficiency, thorough, up-to-date and current, valid data sources, measurable outcomes, performance, compliance, standard education about nutrition, going beyond "the requirements," timely referrals, standardization

Participant experience – easy to use, worthwhile, respectful treatment, useful, friendly, non-judgmental service, participant needs, meets participants' nutritional needs, will meet the needs of families, customer (client) appropriate, participant-centered, valued, making and keeping appointments, participant needs, participant nutritional desires, timely appointments, timely referrals, reassurance of baby's health and growth, cultural sensitivity, accessibility of services

Healthier Outcomes – has positive health effects and well-being, food security, meets participant nutritional needs, nutritional foods, measurable outcomes, makes a difference

The group developed this definition of quality for WIC:

*WIC quality is striving for excellence through measurable improvements in:*

### *1. Processes that support*

- *Meeting federal and state requirements*
- *Enrollment and participation*
- *Positive state and local relationships*
- *Availability and consistency of training*

- *Clinic operations such as productivity, efficiency, and standard reliable data*

*(Reference: Montana Local Agency Monitoring Tool)*

**2. Participant receives services that:**

- *Provide safe, clean, confidential and accessible clinics*
- *Provide an environment supportive of breastfeeding*
- *Provide services in a respectful manner*
- *Solicit client feedback*
- *Provide services considerate of participants' needs, such as minimum waiting times, extended hours, and efficient clinic flow*

*(Reference: Nutrition Services Standards, USDA, FNS, 2001)*

**3. And, healthier outcomes that reduce nutritional risks in these populations:**

- *Pregnant women*
- *Breastfeeding women*
- *Non-breastfeeding women*
- *Infants*
- *Children*

*(Reference: VENA, The First Step in Quality Nutrition Services, USDA, FNS)*

## **Monitoring Visit Presentation**

WIC staff, Kim Mondy and Linda Stallings gave a PowerPoint presentation to the group which outlined the components of the WIC Monitoring Visit. In these WIC clinic visits, state staff evaluate the performance and compliance of local programs. A copy of their presentation is posted for this meeting on the WIC Futures Study Group website: <http://www.dphhs.mt.gov/PHSD/family-health/nutrition-wic/WIC-futures-study-group.shtml>). Suggestions regarding upgrading forms used and sending checklists defining the expectations of the visit prior to coming onsite were offered by the group. State staff were receptive to the suggestions. There was also discussion about how the new computer software will impact some monitoring visit components. For example, data from the system will be reviewed before the visits.

## **WIC Quality – Monitoring Visit, Data Measures, Customer Satisfaction**

The group then turned its attention to defining what data would be collected and monitored over the next year. As stated previously, a meeting will be held in the spring of 2010, after implementation of the computer software system, where a review of the quality measures will take place. Mark Walker handed out a list of data that the new software will track and the state epidemiologists, Dianna Frick and Dorota Carpenedo offered their advice through the process. Dianna and Dorota will refine the text of these notes to reflect a more scientific approach. Here is the result of the group's work:

Proposed data to be followed:

1. Processes
  - General internal customer survey (state staff will survey local WIC staff in regard to their satisfaction with state WIC staff assistance)
  - Internal customer satisfaction survey post monitoring visit (state staff will survey local WIC staff in regard to their satisfaction with state WIC staff assistance particular to recent monitoring visit)
  - Active vs. participating (length of time in WIC)

- Trimester entering WIC
- Annual compilation of site monitoring visits
- Percent of new local WIC employees who have completed VENA training
- Number of participants trend
- Number of WIC directors who open newsletter within 7 days
- Number of local agencies that have at least one person on the bi-monthly conference calls

## 2. Participant Experiences

- Customer service survey (sent to the state) to start January of 2009
  - Courtesy/respect/caring of staff
  - Is the information you received useful?
  - Was it easy to get an appointment?
  - Waiting time
  - Confidentiality
  - Overall visit experience
  - What would it take to get a 5?

## 3. Healthier Outcomes – choose data, get a baseline, benchmark against other state or national data, watch over time, and give feedback to local staff

- Breastfeeding women
  - Breastfeeding at 6 months
- Pregnant women
  - WIC participant incidence of smoking during pregnancy
  - Pregnancy weight gain
- Non-breastfeeding women
  - Incidence of anemia in the mother and children
- Children
  - BMI of 2-5 year olds
- Infants
  - Incidence of low birthweight
- Others – that may be followed in the future
  - Incidence of preterm birth
  - Large for gestational age
  - Use of alcohol during pregnancy
  - Delayed introduction of food
  - Incidence of second hand smoke exposure
  - Oral health of the mother and child

## **Noncompliance – Incentives vs. Penalties**

The group discussed approaches to dealing with clinics which exhibit consistent, repeated non-compliance with WIC regulations. Suggestions from the group included development of an established policy and procedure which includes informing the clinic program administrators, progressive discipline, due process, request for administrative review, and a grievance procedure. JoAnn Dotson said that the state was working to develop such a process in response to their federal review. When asked if the group would support the approach, Tom Mexican Cheyanne felt that these matters were not appropriate for the Study Group, but were strictly within the authority of DPHHS. Other members concurred.

Because the group had been discussing quality improvement and also incentives, Joan Bowsher asked the group what they thought of including measures in performance-based contracts. Ellen Leahy said that, at this time, funding for WIC should be defined solely by client participation numbers and compliance with state and federal

regulations of the program. State and federal regulations cover most other program compliance and performance standards.

### **Agenda for Next Meeting**

The next meeting will be held Thursday, April 30, 2009 in Helena.

The group identified these topics for the next meeting's agenda:

- Update on the Quality Improvement Plan
- Funding Formula
- Update on Online Training or Discussion Regarding Training

### **Public Comment**

No public was present at the meeting

### **Evaluation**

The group performed a short evaluation of the meeting process. In regard to what they liked about the day, one person noted that she liked how "there was so much on the board but we narrowed it to a nice point." This comment was supported by another view about the process, "It is amazing how things fit together in groups." Another said they liked and appreciated the participation. One person expressed appreciation to the state WIC staff for the information presented regarding monitoring visits. Another noted that they liked that "we are bringing in the right support guests, like the epidemiologists." One group member said that they liked the clarification that came forth on several WIC issues. One person said that they liked the RiverStone presentation and another concurred and expanded that to all of the presentations. Compliments were offered to the facilitator. "When we come together, we actually see that we have made progress," said one participant, "we are no longer stagnant. This process is empowering and it is time well-spent." One of the epidemiologists said she appreciated that they are part of the process, that it will be easier to put the data together having been present. Another liked that the group is accepting of all opinions. One participant said it felt like "we keep making progress – this continues to be rewarding." Another participant said that she liked the "interactive discussion about the data and the clarification about quality." "We are all in the same room, all equal, offering ideas to improve the program. It is good to do this together," said another.

Suggestions for what could be changed or improved included having a retreat at a resort (humor), cutting back on the amount of food that was ordered, and having a full day on the first day of a two day meeting and a half-day on the second day. One person was disappointed that the group "did include my income guidelines idea." Another said that they would like to "continue to hear back from the locals about how this is working out." One of the epidemiologists requested that prior to the meeting; they would like to know what they should bring, what would be useful, and also what documents the group would be using. One person said it was difficult to sit for a long time.